

Continuing and Community Education
Port Washington Public Schools
Administrative Annex
90 Avenue C
Port Washington, NY 11050
516 767-5470
Fax: 516 767-5479

DRIVER EDUCATION REGISTRATION FORM—FALL 2009 (Please Print)

Last Name _____ First Name _____ Middle Initial _____

Address _____ School _____

Home Phone () _____ M _____ F _____ Cell/private phone: _____

E-mail address (optional) _____

Learner's Permit # _____ (**enclose copy with registration**) Permit Date: _____

Eye Color _____ Date of Birth _____ Age _____ Grade F '09 _____

Parent's Name(s) _____ Parent's Work # _____

Parent's Signature _____

Emergency contact (Name/Phone) _____

Physician's Name _____ Phone # _____

Special Needs (if any) _____

If your child is on medication or has any medical problems, please let us know. Confidentiality will be maintained.

Driving Group Choices (in order of preference)

1. Course # _____ Day/Time _____

2. Course # _____ Day/Time _____

3. Course # _____ Day/Time _____

Theory Class Choice

Course # _____ Day/Time _____

Course# _____ Day/Time _____

Fee: \$530 payable by check or money order to "Board of Education, Port Washington"

Visa/Amex/Mcd Card # _____

Exp. Date _____ 3-4 digit Sec. Code# _____ Name on card _____

Signature _____